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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent				Second Semester  May 10 to County Superintendent  May 24 to State Superintendent		
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:							
This claim is for the period beginning				and ending _			
		month	day		month	day	
CERTIFI	CATION:						
The inform	The information on this form is complete and accurate to the best of my knowledge.						
Date		Signature, Chair, Boa	rd of Trustees				
County:		District:				District Level:	

0577 Alberton K-12 Schools 31 Mineral **High School** District Route Miles Rate Days **Bus Driver's** Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 1 100 2 78.4 1.80 84 12/22/04 2 2 100 45 56 12/22/04 1.15 100 2 3 62 54 1.15 12/22/04

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**Linda McCulloch, Superintendent** Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent		
TE TH	IS CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	
This claim is for the period beginning							
CATIO	N:						
nation on	this form is compl	ete and accurate to th	e best of my kno	owledge.			
		Signature, Chair, Board of Trustees					
		District:			District Level:		
al	ol 0579 Superior K-12 Schools			ools	High School		
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
3	1	65.4	1.36	66	01/17/05		
3	2	50.8	1.15	57	01/17/05		
3	3	59	1.36	66	01/17/05		
3	4	113.8	1.36	66	01/17/05		
·	cation on  Pal District # 3 3 3	February 1 February 15 TE THIS CLAIM FO is for the period beginning  CATION:  Tation on this form is completed by the period beginning is completed by the period beginning is form in the period beginning is form in the period by the period b	February 1 to County Supering February 15 to State Superint  TE THIS CLAIM FOR STATE REIME is for the period beginning month  CATION:  Tation on this form is complete and accurate to the Signature, Chair, Board  District:  # # # Per Day  3	February 1 to County Superintendent February 15 to State Superintendent  TE THIS CLAIM FOR STATE REIMBURSEMEN is for the period beginning, month day  CATION:  Tation on this form is complete and accurate to the best of my known is complete and accurate to the best of my known is complete.  District:  Tal  District:  Route # Miles Rate Per Day Per Mile  Route # Per Day Per Mile  3	February 1 to County Superintendent February 15 to State Superintendent  TE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCI is for the period beginning	February 1 to County Superintendent   May 10	February 1 to County Superintendent   May 10 to County Superintendent   May 24 to State Superintendent

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PI

31 Mineral

Percentage

100

100

District

#

1

1

Route

#

1

2

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

0582 St Regis K-12 Schools

Rate

Per Mile

1.57

0.95

Miles

Per Day

112

84.2

School District Claim for State Reimbursement for School Bus Transportation

**High School** 

Days

Operated

tate	
istrict	
ounty	

**Bus Driver's** 

Social Security #

		•						
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim	is for the period beginning	<u> </u>		_, 20	_ and ending _		, 20	
		month	day			month	day	
CERTIFI	CATION:							
The inform	nation on this form is comp	olete and accurate to th	e best of my	knowledg	е.			
Date		Signature, Chair, Boar	rd of Trustees					
County:		District:				•	District Level:	

Capacity

78

47

Inspection

None

None

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